SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOGUMENT # P97000039047 (0)

ALLSTATE MORTGAGE CORP.

FILED
Jul 29 1998 8:00am
Secretary of State



						<u> </u>		
Principal Place of Business Mailing Address						A CANADA IN AND IN THE	iner måråd riter i	0413
P.O. BOX 4325	- · ·	P.O. BOX 432565						
MIAMI FL 3324	13-2565	MIAMI FL 33243-2565				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	11 11 11 11 11 11	
						04/30/1997		
2. Principal f	Place of Business	2a. Mailing Address				4 FEI Number	<b>7</b> - 42	Applied For
21		26				65-0750	C08	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<u> \$1</u>	B.75 Additional
22		27				5. Certificate of Status Desired		Fee Required
City & State		City & State				6. Election Campaign Financing	\$	5.00 May Be
23		28				Trust Fund Contribution	<u></u>	Added to Fees
Zip 24	Country	Zip	Coun	try		8. This corporation owes or has paid	· •	_ ~ _
24	9. Name and Address of Currer	29	30			Personal Property Tax due June 3		
A IA	BSHIR, MEHDI	it Kedisteled Adelit		B1 P	Name	10. Name and Address of New Regis	stered Agen	IC
	NW 72ND AVENUE							
	MI FL 83166		8	B2   S	Street Addre	Address (P.O. Box Number is Not Acceptable)		
1110-4	WI 1 E 90 100		1	B3				
			Ľ					
			8	B4 (	City		E1 85	Zip Code
11. Pursuan	t to the provisions of sections 607.050	2 and 607.1508. Florida Statute	s the abov	⊸l. ve-na	med coroora	ation submits this statement for the purpos	se of changin	un its registered
onice or	registered agent, or both, in the State am familiar with, and accept the obligi	of Florida. Such change was a	authorized	by the	e corporation	n's board of directors. I hereby accept the	appointmer	nt as registered
=	, ,	alions of, section our obbs, Fig	Jiida Statu	les.				
SIGNATURE	Signature, typed or printed name of registered ager	I and title if applicable (NC	OTE: Registere	d Agen	it signature require	red when reinstaling)	DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	E		-	С	hange Addition
NAME	AJABSHIR, MEHDI		1.2 NAM	Ε				
STREET ADDRESS			1.3 STRE	ET ADI	DRESS			
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY	ST-ZIF				
TITLE		DELETE	2.1 TITLE	E			□ c	hange Addition
NAME			2.2 NAM	E		İ		
STREET ADDRESS			2.3 STRE	ETADO	DRESS			
CITY-ST-ZIP			2.4 CITY		·	****		
TITLE		DELETE	3.1 TITLE				☐ c	hange Addition
NAME			3.2 NAM	-				
STREET ADDRESS			3.3 STRE					
CITY-ST-ZIP			3.4 CITY-		· · · · · · · · · · · · · · · · · · ·		<del></del>	
TITLE		L DELETE	4.1 TITLE				<b>□</b> 0	hange L. Addition
NAME ATDSET ABORESS			4.2 NAM					}
STREET ADDRESS			4.3 STRE		ľ			
CITY-ST-ZIP TITLE		<u> </u>	4.4 CITY-		<u> </u>		<u> </u>	
		L DELETE	5.1 TITLE			50000250 -08/04/980100	ഥ ച[മ്∂ പറമ്റ	Range ∐ Addition
NAME CODECT ADDRESS			5.2 NAMI			***150.08	11020	}
STREET ADDRESS			5.3 STRE			₹₹₹138.00		
CITY-ST-ZIP TITLE		<u> </u>	5.4 CITY-		·			
		☐ DELETE	6.1 TITLE				L CI	hange L_ Addition
NAME STREET ADDRESS			6.2 NAME		2000			26.
STREET ADDRESS			6.3 STRE					98.29
CITY-ST-ZIP			6.4 CITY-	ST.710	1			1.01

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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7/20/02

2E034 (5/98)

## ALLSTATE MORTGAGE CORP. LICENSED MORTGAGE BROKERAGE BUSINESS 17891 SOUTH DIXIE HWY, 2ND FLOOR MIAMI FL, 33157

MJ

PHONE: (305) 971-2000 FAX: (305) 971-7100

July 21,1998

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE FL, 32314

RE: ANNUAL REPORT P 97000039047

## To Whom It May Concern:

In reference to annual report as we brought to your attention on July 10,1998 we did not receive our annual report. After our request finally we received copy on July 20,1998. We ask you to view the late charge fee and accept our payment for upcoming report, again we appreciate for your help. If you have any questions please do not hesitate to call us at (305)971-2000.

Sincerely,

M. Ajabshir